STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

JAN 23 2018

I. Name of Lobbyist(s) Katherine Cooper	NEW HAMPSHIRE DEPARTMENT OF STAT	
II Name of labbuist's partnership firm or corporation if any		

	(Name of partnership, firm or	corporation)		
764	Chestnut	Manchester	NH	03104
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
, 624-7	7777)	_{e-mail} katherine	@nhacdl.org
(Teleph	one)	(Fax)		
	ent covers: (Choose one – fi nse transactions which are			file a separate re
All reportable	e transactions occurring in th	e months prior to the repo	orting date relative to the	following client:
NHACDL				
	(Full Name of Client as	it appears on the Lobbyist R	egistration Form)	
<u>)R</u>	•			
	transactions by the lobbyist particular client.	(including the lobbyist's	family), or the lobbying	firm listed below v
V. Date of Rep	ort April 26, 2017		July 26, 2017	
leports cover:	activity from date of registration	on to 3/31/17 activi	ity from 4/1/17 to 6/30/17	
	October 25, 2017		January 31, 2018	_
	activity from 7/1/17 to 9/3	10/17 activ	ity from 10/1/17 to 1 <mark>2/31</mark> /1	7
	been no fees received and cked, complete just this form \$301.			
I. Check if add	litional reports are attached	i:		
If you have r	eceived fees or made expend	itures, you must file Add	endum A- Fees and Exp	enses
If you have p Expense Reimbu	oaid an honorarium or reimbursement	rsed expenses, you must	file Addendum B- Repo	ort of Honorariums
If you, your	firm, or your family has mad	e political contributions, y	you must file Addendun	C- Political Con
warn Statemer	at/Affirmation by Lobbyist			
have read RSA	15, RSA 15-B, RSA 14-C and the best of my knowledge and		wear or affirm that the fo	regoing informatio
Catherine C	Date: 2017.10.04 13:14:20	Cooper 04'00'	1-18-18	
Signature of lob	obyist)		(Date)
Katherine	Cooper			
Print Name of I	<u>. </u>			